

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Snouffer, Cely (ARCH)	CHAPTER 100.1
Address: 712 Ho'omalimali Street, Pearl City, Hawaii 96782	Inspection Date: August 9, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RECEIVED

AUG 11 2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver.  <b>FINDINGS</b> Resident #1 and Resident #2 – Medications do not have the route as stated on the medication bottles (by mouth) written on their Medication Administration Records (MAR). MD orders must also state the route. Please have MD correct in his electronic records at next visits and correct current MAR's.	<p align="center"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p align="center"><b>PART 1</b></p> <p align="center"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p align="center"> <i>Called Dr. de Leon regarding the routing of the medication &amp; did &amp; put 1 day mouth on my current MAR's.</i> </p>	<p align="center">20M 8/9/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. <u>FINDINGS</u> Resident #1 and Resident #2 – Medications do not have the route as stated on the medication bottles (by mouth) written on their Medication Administration Records (MAR). MD orders must also state the route. Please have MD correct in his electronic records at next visit and correct current MAR's.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>every visit make sure that M.D. put the route of the medication            I will make sure that I will write on the <del>the</del> MAR the route of the medication</p>	<p style="text-align: right;">8/10/24</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.  <b>FINDINGS</b> Resident #1 - White Out used on Physical Exam form dated 9/19/20. Medications and diagnosis whited out and rewritten or written over. <b>White Out is never to be used on any records.</b>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>Physical Exam done next month not to me white out - Make me that I will tell the R. <del>not</del> to me white out</i></p>	<p style="text-align: right;"><i>8/10/21</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.  <b>FINDINGS</b> Resident #1 – White Out used on Physical Exam form dated 9/19/20. Medications and diagnosis whited out and rewritten or written over.  <b>White Out is never to be used on any records.</b>	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>will check M.D. paper            and turn them over for check            up.</i></p>	<p style="text-align: right;"><i>8/10/21</i></p>

Licensee's/Administrator's Signature:

Kelly M. Anwar

Print Name:

CELIA A-SMITH

Date:

8/10/21